

## PROVIDER BULLETIN

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### AUGMENTATIVE COMMUNICATION DEVICE (ACD) TRAINING

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#### **NEW PROCESS FOR ACD TRAINING PRECERTIFICATION REQUESTS**

Effective for requests submitted on or after June 1, 2016, providers must request precertification for ACD training through the MO HealthNet Division's (MHD) provider web tool CyberAccess<sup>SM</sup>, which automates the precertification process. The previously used prior authorization form and submission process will no longer be utilized as of June 1, 2016.

MHDs existing prior authorization policy for ACD training, using Current Procedure Terminology (CPT) code 92609, "use of a speech device service", is found in Section 13.14.F of the Therapy provider manual, available on the MO HealthNet website at: <http://manuals.momed.com/manuals/>.

#### **INITIATING PRECERTIFICATION REQUESTS**

Requests for ACD training must continue to be initiated by an approved MHD Augmentative Communication Device Evaluation Training (ACDET) site. Authorized sites are limited to hospitals, rehabilitation centers and speech pathologist offices. A prescription from the participant's physician or nurse practitioner is required to complete the ACDET training.

MHD contracts with Xerox Care and Quality Solutions, Inc. to provide CyberAccess<sup>SM</sup>. To become a CyberAccess<sup>SM</sup> user, contact the Xerox Care and Quality Solutions help desk at 888-581-9797 or 573-632-9797, or send an email to [CyberAccessHelpdesk@xerox.com](mailto:CyberAccessHelpdesk@xerox.com). Xerox Care and Quality Solutions staff will set up individual training sessions with each provider site that requests access to the web tool. For more information on CyberAccess<sup>SM</sup>, please visit: <http://dss.mo.gov/mhd/cs/medprecert/pages/cyberaccess.htm>.

Requests for precertification must meet MHD criteria in order to be approved. Please reference the attached ACD training criteria document, also available at: <http://dss.mo.gov/mhd/cs/medprecert/pdf/augmentative-communication-device-training.pdf>.

If a precertification request submitted through CyberAccess<sup>SM</sup> is denied, providers may submit a Help Desk ticket directly from the web tool. A MO HealthNet call center representative will contact the provider to assist. The call center is available Monday through Friday, from 8:00 A.M. to 5:00 P.M., excluding state holidays.

PLEASE NOTE: An approved precertification request does not guarantee payment. The provider must verify participant eligibility on the date of service using the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging onto the MO HealthNet web portal at: [www.emomed.com](http://www.emomed.com).

### **CONVERSION OF PREVIOUSLY APPROVED PRIOR AUTHORIZATION REQUESTS**

MHD will manually convert any previously submitted and approved prior authorization requests to the electronic precertification system. The effective date for the new precertification approval will be for dates of service on and after June 1, 2016. Providers may access the new approval by logging into the CyberAccess<sup>SM</sup> web tool.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline**  
**573-751-2896**



## **MO HEALTHNET PRE-CERTIFICATION CRITERIA**

Medical Procedure Class:	<b>Augmentative Communication Device Training, 92609</b>
Implementation Date:	<b>June 1, 2016</b>

☒ **New Criteria**

☐ **Revision of Existing Criteria**

### **Executive Summary**

<b>Purpose:</b>	To allow a more consistent and streamlined process for authorization of Augmentative Communication Device (ACD) Training.	
<b>Why was this Issue Selected:</b>	Senate Bill 577 passed by the 94 <sup>th</sup> General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.	
<b>Procedures subject to Pre-Certification</b>	92609 – Use of Speech Device Service	
<b>Setting &amp; Population:</b>	All MO HealthNet fee-for-service participants	
<b>Data Sources:</b>	<input type="checkbox"/> <b>Medicare LCD</b>	<input checked="" type="checkbox"/> <b>MHN Policy</b>

### **Setting & Population**

All MO HealthNet fee for service participants.

### **Approval Criteria**

Participant must have record of a pre-certification on file for an Augmentative Communication Device. Participant must have had an evaluation for use of an Augmentative Communication Device. Trainer must be enrolled as a MO HealthNet provider, and be part of an approved Augmentative Communication Device evaluation site. Training must be considered medically necessary.

### **Denial Criteria**

The approval criteria are not met.

### Quantity Limitation

Up to ten (10) hours of ACD training is approved in a six (6) month period. In cases where ten (10) hours of training is *not* adequate, additional hours may be requested by submitting a help ticket or by contacting the help desk at 800-392-8030 to provide additional justification and explanation for the additional units requested. 4 units = 1 hour and the PA will be provided in units.

### Approval Period

6 months

### Appendix A: Approval Procedure Codes

CPT	Description
E1902	Communication board, non-electronic augmentative or alternative communication device
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device.
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access

### Appendix B: Potential Questions for Step 1 and Step 2

**\*\*The following questions may be encountered as part of the approval and denial criteria. Depending on the patient's history and the way previous questions may be answered, not every question may be asked for every patient.**

1. Is there a pre-certification on file for an Augmentative Communication Device?
2. Was an evaluation for an Augmentative Communication Device completed?
3. Is the trainer part of an MHD-approved ACD evaluation site?
4. Is the training provider enrolled as a MO HealthNet provider?
5. Is training for this Augmentative Communication Device medically necessary?
6. Is this the first request for training?
7. How many units of training are being requested?